

FAX TRANSMISSION**DATE:** September 16, 2003**PTO IDENTIFIER:** Application Number 09/055,818
Patent Number**Inventor:** Jose C. Gutierrez-Rocca, et al.**MESSAGE TO:** R. Raymond**FAX NUMBER:** (703) 872-9306**FROM:** LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP
Shawn P. Foley**PHONE:** (908) 518-6346**Attorney Dkt. #:** BAKER 3.0-002 CIP CIP CIP I**PAGES (Including Cover Sheet):** 6**CONTENTS:** Amendment Transmittal (1 page) and Supplemental Amendment (4 pages)

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AMENDMENT TRANSMITTAL LETTER				Docket No. BAKER 3.0-002 CIP CIP CIP I	
Application No. 09/055,818	Filing Date April 6, 1998	Examiner R. Raymond	Art Unit 1615		
Applicant(s): Jose C. Gutierrez-Rocca, Janice L. Cacace, Sami Selim, Robert Testman, and J. Michael Rutledge					
Invention: ORAL PHARMACEUTICAL COMPOSITIONS CONTAINING TAXANES AND METHODS OF TREATMENT EMPLOYING THE SAME					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	58	- 122 =		x	0.00
Independent Claims	2	- 4 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<u>Shawn P. Foley</u> Shawn P. Foley Attorney Reg. No.: 33,071				Dated: <u>September 16, 2003</u>	
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-8346					
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306, on the date shown below. Dated: September 18, 2003 Signature: <u>Shawn P. Foley</u> (Shawn P. Foley)					